



CJ 7 702
Timmons

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

FILED IN DISTRICT COURT
OKLAHOMA COUNTY

SANDRA RHAЕ HESKETT,)
Plaintiff.)

FEB * 7 2017

Vs.)

RICK WARREN
COURT CLERK

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THEODORA ANGELINE LASSITER,)
SAMUEL ALEXANDER LASSITER,)
and METROPOLITAN LIFE INSURANCE)
COMPANY,)
Defendants.)

Case No.

CJ-2017-702

PETITION

1. Plaintiff, Sandra Rhae Heskett, is an individual and a resident of Oklahoma County, Oklahoma. Her address is 18437 Las Meninas Dr., Edmond, Oklahoma.
2. Defendant Theodora Angeline Lassiter is an individual, and through belief, a resident of Oklahoma County, Oklahoma who resides at 1600 S. Rankin, Edmond, Oklahoma.
3. Defendant Samuel Alexander Lassiter, is an individual, and through belief, a resident of Oklahoma County, Oklahoma who resides at 1600 S. Rankin, Edmond, Oklahoma.
4. Defendant Metropolitan Life Insurance Company is a foreign Corporation in good standing whose offices are located at 200 Park Ave., New York City, New York.
5. Venue is proper in Oklahoma County against Metropolitan Life Insurance Company pursuant to 12 O.S. § 137 in that this action is for breach of contract and foreign Defendant is an insurance company with agents in Oklahoma County, Oklahoma and the cause of action arose in Oklahoma County, Oklahoma.

COUNT I- BREACH OF CONTRACT

6. Plaintiff incorporates the allegations contained in paragraphs 1 through 5 as if fully set forth herein.

Exhibit

1

7. On November 21, 2016, Mark Eugene Lassiter, a client of Metropolitan Life Insurance Company (hereinafter "MetLife") signed a Designation of Beneficiary form (hereinafter "form") for the Federal Employees' Group Life Insurance Program. The form is an Offer from MetLife to fulfill the terms outlined in the form. *Attached as Exhibit A.*
8. The form designated Defendants Samuel Alexander Lassiter and Theodora Angeline Lassiter, Plaintiff Sandra Rhae Heskett, and minor child Jayden Zachary Lassiter as beneficiaries of the policy.
9. Part C of the form states "I am cancelling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary (ies) named above."
10. Mark Eugene Lassiter signed the form in front of 2 witnesses, Scott Mahnke and Eric Solomon to verify his identity. At this point, Mark Lassiter accepted the offer to change his beneficiary and created a contract for himself and the beneficiaries with MetLife. *Testimony of Witnesses attached as Exhibit B.*
11. The form was sent to MetLife. On or about December 22, 2016, Mark Eugene Lassiter died.
12. Mark Lassiter continued to make his payments to MetLife for the life insurance policy and the policy was in good standing at the time of his death.
13. The heirs of Mark Lassiter contacted MetLife. MetLife breached its contract with Mark Lassiter and Plaintiff by refusing to honor the contract created. MetLife did not pay Plaintiff her share of the policy, paying Defendants Theodora Lassiter and Samuel Lassiter pursuant to a 2013 Designation of Beneficiary form instead. As such, Plaintiff is entitled to sue for breach of contract as a third-party beneficiary. *See Zahn v. Gen. Ins.*

Co., 611 P.2d 645, 647 (Okla.1980); Christian v. Metropolitan Life Ins. Co., 566 P.2d 445, 448 (Okla.1977). See also, 15 O.S. § 29.

14. By refusing to perform under the terms of the contract, Defendant MetLife committed a material breach of contract for which Plaintiff is entitled to damages in excess of \$10,000.

COUNT II- VIOLATION OF TITLE 36 CHAPTER 40 OKLAHOMA STATUTES

15. Plaintiff incorporates the allegations set forth in paragraphs 1 – 14 as if fully set forth herein.
16. Life Insurance policies are subject to Title 36, Chapter 40 of the Oklahoma Statutes. 36 O.S. § 4001.
17. Defendant MetLife violated 36 O.S. § 4030.1 by not providing necessary forms to Plaintiff, Sandra Heskett, within 10 days after receiving notice of the death of Mark Lassiter to prove the death of Mark Lassiter and her claim to payment. Also, Defendant MetLife did not pay Plaintiff, Sandra Heskett, her portion of the policy within 30 days of receiving proof of the death of Mark Lassiter.
18. Moreover, Defendant MetLife violated 36 O.S. § 3629 by not providing proof of loss forms to Plaintiff, Sandra Heskett.
19. These violations allow Plaintiff to recover attorney fees and interest on the unpaid benefit in this case.

COUNT III – UNJUST ENRICHMENT

20. Plaintiff incorporates the allegations contained in paragraphs 1 through 19 as if set forth herein.

21. The acts of non-performance by Defendant MetLife have unjustly enriched Defendants

Samuel Alexander Lassiter and Theodora Angeline Lassiter.

22. The acts of non-performance by Defendant MetLife and unjust enrichment of Defendants

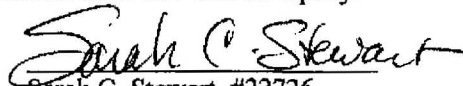
Samuel Lassiter and Theodora Lassiter caused Plaintiff detriment in an amount exceeding

\$10,000 as Plaintiff has a reasonable expectation of performance by Defendant MetLife.

RELIEF REQUESTED

WHEREFORE, Plaintiff respectfully requests she be given judgment against the Defendants on the above causes of action and requests the following relief:

- a. Breach of contract damages in an amount exceeding \$10,000;
- b. Detriment damages from unjust enrichment in an amount exceeding \$10,000;
- c. Attorney fees together with interest and the costs of filing suit;
- d. Such other and further relief as Plaintiff is entitled to at law and in equity.



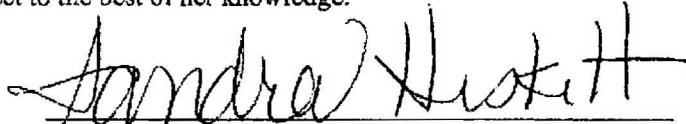
Sarah C. Stewart, #22726
Sarah Stewart Legal Group
929 NW 164 St., PMB 308
Edmond, OK 73013
T: (405) 548-5763
F: (405) 721-2111
[sstewart@sarahstewartlaw.com](mailto:ss Stewart@sarahstewartlaw.com)
Attorney for Plaintiff

ATTORNEY LIEN CLAIMED

VERIFICATION

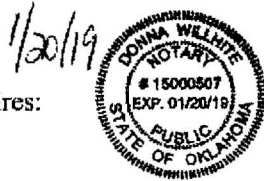
STATE OF OKLAHOMA)
)
COUNTY OF OKLAHOMA) ss.

SANDRA RHAE HESKETT read the foregoing Petition, she is familiar with the contents thereof, and the facts therein stated are true and correct to the best of her knowledge.


SANDRA RHAE HESKETT, Plaintiff

Subscribed and acknowledged before me the 2nd day of February, 2017.

My commission expires:




NOTARY PUBLIC

EXHIBIT A

DESIGNATION OF BENEFICIARY FORM



Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
 (DO NOT erase or cross-out. Use a new form.)

Form Approved
 OMB No. 3206-0138

Important:
 Read instructions on the
 Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (<i>Last, first, middle</i>) Lassiter, Marak Eugene		Date of birth of Insured (<i>mm/dd/yyyy</i>) Redact	Social Security Number of Insured Redact
The Insured is: <i>Place an "X" in the appropriate box.</i>	<input checked="" type="checkbox"/> an employee <input type="checkbox"/> a retiree <input type="checkbox"/> a compensationner	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:	
Department or agency where the Insured works (<i>If retired, last department or agency where the Insured worked</i>):			
Department or agency Air Force	Bureau or division 38 CEIG	Location (<i>city, state, and ZIP code</i>) Tinker AFB, OK 73145	

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (<i>including ZIP code</i>)	Relationship	Percent or fraction designated
Samuel Alexander Lassiter	Redact	1600 S Rankin, Edmond, OK 73013	Son	40
Theodora Angeline Lassiter	Redact	1600 S Rankin, Edmond, OK 73013	Daughter	10
Jayden Zachary Lassiter	Redact	1600 S Rankin, Edmond, OK 73013	Grandson	30
Sandra Rhae Heskett	Redact	18437 Las Meninas Dr, Edmond, OK 73012	Domestic Partner	20
Total (Must equal 100% or 1.0) (Do not use dollar amounts) (Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)				100

C. Statement of Insured or Assignee (type or print)

Your name and address (<i>including ZIP code</i>) Mark Lassiter 18437 Las Meninas Dr Edmond, OK 73012	Please check one: I am:	Please check all three:
	<input checked="" type="checkbox"/> the Insured <input type="checkbox"/> an Assignee	<input checked="" type="checkbox"/> I have not assigned the insurance. <input checked="" type="checkbox"/> Two people who witnessed my signature signed below. <input checked="" type="checkbox"/> I did not name either witness as a beneficiary.
	<i>See Back of Part 2 for definitions</i>	

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (*Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.*) This form is not valid unless the Insured/Assignee signs in this box.

Date (*mm/dd/yyyy*)

11/21/2016

D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness 	Address (<i>including ZIP code</i>) 8308 NW 117th St, OKC OK 73162
Signature of witness 	Address (<i>including ZIP code</i>) 2595 GREYSTONE LN, CHOCTAW, OK 73020

E. For Agency Use Only (or OPM, as appropriate)

Receiving agency	Date of receipt (<i>mm/dd/yyyy</i>)	Signature of authorized official	Title
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EXHIBIT B

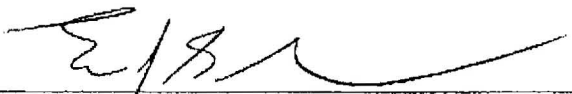
AFFIDAVITS OF TESTIMONY FROM WITNESSES TO DESIGNATION OF BENEFICIARY FORM

**AFFIDAVIT OF TESTIMONY OF WITNESS TO
DESIGNATION OF BENEFICIARY FORM**

STATE OF OKLAHOMA)
) SS.
COUNTY OF OKLAHOMA)

Before me this day personally appeared ERIC SOLOMON, who, first being duly sworn states:

1. Affiant is Eric Solomon.
2. Affiant knew Mark Eugene Lassiter.
3. To Affiant's knowledge, Mark Eugene Lassiter lived at 18437 Las Meninas Dr., Edmond, OK 73012.
4. To Affiant's knowledge all information on the form is correct, except line A, stating the signer was "Lassiter, Marak Eugene."
5. Affiant knew the signer to be Mark Eugene Lassiter.
6. Affiant witnessed Mark Eugene Lassiter sign the Designation of Beneficiary form for Federal Employees' Group Life Insurance Program.
7. The document was signed November 21, 2016.
8. At the time of the signing, Mark Eugene Lassiter appeared to understand and want to sign the document.
9. Affiant is not a beneficiary of the policy.


Eric Solomon, Affiant

The foregoing instrument was subscribed and sworn before me on the 6 day of February, 2017.

My commission expires:

1/30/19



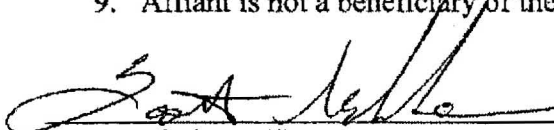

Notary Public

**AFFIDAVIT OF TESTIMONY OF WITNESS TO
DESIGNATION OF BENEFICIARY FORM**

STATE OF OKLAHOMA)
) SS.
COUNTY OF OKLAHOMA)

Before me this day personally appeared SCOTT MAHNKE, who, first being duly sworn states:

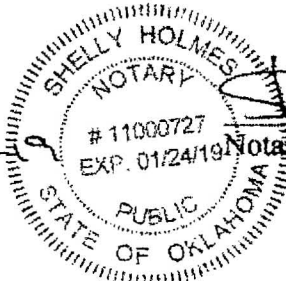
1. Affiant is Scott Mahnke.
2. Affiant knew Mark Eugene Lassiter.
3. To Affiant's knowledge, Mark Eugene Lassiter lived at 18437 Las Meninas Dr., Edmond, OK 73012.
4. To Affiant's knowledge all information on the form is correct, except line A, stating the signer was "Lassiter, Marak Eugene."
5. Affiant knew the signer to be Mark Eugene Lassiter.
6. Affiant witnessed Mark Eugene Lassiter sign the Designation of Beneficiary form for Federal Employees' Group Life Insurance Program.
7. The document was signed November 21, 2016.
8. At the time of the signing, Mark Eugene Lassiter appeared to understand and want to sign the document.
9. Affiant is not a beneficiary of the policy.




Scott Mahnke, Affiant

The foregoing instrument was subscribed and sworn before me on the 2 day of Feb, 2017.

My commission expires: 1-24-19





Notary Public